DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

PTO/SB/01 (10-01) Approved for use through 10/31/2002.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

	Attorney Docket Number First Named Inv ntor		130588.00045	
			Jiping He et al.	
1	COMPLETE IF		KNOWN	
ĺ	Application Number	10/6	23,821	
	Filing Date	7/21	/03	
	Group Art Unit		·	
	Examiner Name			

Declaration Declaration Submitted after Initial **Submitted** Filing (surcharge with Initial (37 ČFR 1.16 (e)) Filing required) As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: ELECTRODE FOR IMPLANT IN LIVE TISSUE WITH FLEXIBLE REGION TO ACCOMMODATE MICROMOVEMENT (Title of the Invention) the specification of which is attached hereto OR July 21, 2003 as United States Application Number or PCT International was filed on (MM/DD/YYYY) and was amended on (MM/DD/YYYY) (if applicable). Application Number 10/623.821 I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. i hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Priority** Foreign Filing Date **Certified Copy Attached?** Prior Foreign Application Country Number(s) (MM/DD/YYYY) **Not Claimed** YES NO Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)
Approved for use through 10/31/2002.
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

						
i ilinect all comespondence to: IM/I	Customer Nu or Bar Code L		6707		OR 🗆	Correspondence address below
Name						
.Address						
Address			-			
City				State		ZIP
Country		Telephor	18			Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	ENTOR:			A petition	on has been f	iled for this unsigned inventor
Given Name Jiping (first and middle [if any])				Family Name He or Surname		
Inventor's Signature		V.		P		Date 9/8/03
Residence: City			State AZ		USA Country	China China
Mailing Address						
Mailing Address 1449 W. Amanda Lane						
City Tempe	State AZ			ZIP 85	284	Country USA
NAME OF SECOND INVENTOR	•			A petitio	on has been f	iled for this unsigned inventor
Given Name Kee-Keun (first and middle [if any])				Family N or Surna	ame Lee me	·
Inventor's Signature	L	1	<u></u>			Date 9/19/03
Residence: City			State AZ		Country	Citizenship
Mailing Address						
Mailing Address 1717 S. Dorsey La	ane #1069					
City Tempe	State AZ			ZIP 852	81	USA Country
Additional Inventors are being named	on th	suppleme	ntal Addition	al invent	or(s) sheet(s) PT	O/SB/02A attached hereto.

Please type a plus sign (+) inside this box +

PTO/S8/02A (11-00)

Approved for use through 10/31/2002.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname			
Bruce		Kir	n			
Inventor's Signature		>	Date 9/19/03			
Residence: City Tempe	State A	Z	Country USA		US Citizenship	
Malling Address			· · · · · · · · · · · · · · · · · · ·	÷		
Mailing Address 1935 E. Ranch Road						
City Tempe	State A	vz	ZIP 85284	Countr	y USA	
Name of Additional Joint Inventor, if a	ny:	C	A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any	<u>(1)</u>		Family Name or Surname			
Amarjit			Singh			
Inventor's Q.7.15l			Date			
Residence: City Chandler	State AZ		Country USA		Citizenship Canada	
Mailing Address						
Mailing Address 4909 W. Joshua Bivd. #2	120	•				
City Chandler	State	AZ	ZIP 85226	Cour	ntry USA	
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Sumame			
inventor's Signature			Date		Date	
Residence: City State			Country		Citizenship	
Mailing Address						
Malling Address						
City	State		ZIP	Co	untry	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS T THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Express Mail Label No. EL988554275US

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/623,821
Filing Date	7/21/03
First Named Inventor	Jiping He et al.
Title	Electrode For Implant In Live
Group Art Unit	
Examiner Name	
Attorney Docket Number	130588.00045

I hereby appoint:					
Practitioners at Customer Number 26707					
OR Practitioner(s) na	Place Customer Bar Code Label here				
Tractitorier(s) ha	Name	Registration Number			
		1			
	r agent(s) to prosecute the application ide States Patent and Trademark Office conn				
-	espondence address for the above-identif	fied application to:			
The above-mention OR	ned Customer Number.				
Practitioners at Cus	stomer Number				
OR					
Firm or Individual Name					
Address					
Address					
City	I.s	State Zip			
Country Telephone	IF	-ax			
I am the:	<u> </u>				
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Jiping I	He				
Signature	North State of the				
Date 9/8/2-003					
NOTE: Signatures of all the inver forms if more than one signature	tors rassignees frecord of the entire interest or is required, see below."	r their representative(s) are required. Submit multiple			
	ms are submitted.				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Express Mail Label No. EL988554275US

Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)
Approved for use through 10/31/2002.
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/623,821
Filing Date	7/21/03
First Named Inventor	Jiping He et al.
Title	Electrode For Implant In Live
Group Art Unit	
Examiner Name	
Attorney Docket Number	130588.00045

I hereby appo			¬ [
	ners at Customer Num	ber 26707	 ▶		
OR Place Customer Bar Code Leb Practitioner(s) named below:					
Fractition	Name		Registration	Number	
l —	ivaille	·····	Registration	Number	
l					
<u> </u>					
		osecute the application id		to transact all	
		and Trademark Office con			
	the correspondence ad -mentioned Customer I	Idress for the above-ident	ified application to:	*	
OR THE BUCKE	-mendoned Odstomer				
Practitione	rs at Customer Numbe	r			
OR					
Firm or Individual Name					
Address					
Address		, <u></u>			
City			State	Zip	
Country					
Telephone		•	Fax		
I am the:					
✓ Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name	Kee-Keun Lee	eun Lee			
Signature	forth				
Date 9/19/03					
	I the inventors or assignees signature is required, see be	of record of the entire interest on elow*.	or their representative(s)	are required. Submit multipl	
*Total of _4	forms are submitted				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Express Mail Label No.EL988554275US

Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002.
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Control of information unless it display a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to res

+

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/623,821
Filing Date	7/21/03
First Named Inventor	Jiping He et al.
Title	Electrode For Implant In Live
Group Art Unit	
Examiner Name	
Attorney Docket Number	130588.00045

I hereby appo	oint:					
✔ Practition	Practitioners at Customer Number 26707					
OR Prostition	ner(s) named below:	Place Customer Bar Code Label here				
Practition	Name	Registration Number				
	Hamo	Neglaudion Number				
<u> </u>						
		application identified above, and to transact all				
	United States Patent and Tradema					
	the correspondence address for the -mentioned Customer Number.	above-identified application to:				
OR	-monitoried oddiomor Humber.					
	rs at Customer Number					
OR ==						
Firm or Individual Na	ame	·				
Address						
Address						
City		State Zip				
Country Telephone		Fex				
I am the:						
✓ Applican	Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
	SIGNATURE of Applica	ent or Assignee of Record				
Name	Bruce Kim					
Signature	1/2 /2	Man 12-5				
Date	9/19/03					
NOTE: Signatures of all	I the inventors or assignees of record of the signature is required, see below*.	entire interest or their representative(s) are required. Submit multiple				
Total of 4	forms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Express Mail Label No. EL988554275US

Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002.

Approved for use through 10/31/2002.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

MOV 0 4 2003

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/623,821
Filing Date	7/21/03
First Named Inventor	Jiping He et al.
Title	Electrode For Implant In Live
Group Art Unit	
Examiner Name	
Attorney Docket Number	130588.00045

I hereby appoint:					
Practitioners at Customer Number 26707 Place Customer Bar Code Label he					
Practitioner(s) named below:	riace customer bar code cabernere				
Name	Registration Number				
	1				
as my/our attorney(s) or agent(s) to prosecute the application ide business in the United States Patent and Trademark Office conn					
Please change the correspondence address for the above-identif	ified application to:				
The above-mentioned Customer Number.					
OR Practitioners at Customer Number					
OR					
Firm or					
Individual Name					
Address Address					
	State Zip				
Country					
	Fax				
I am the:					
Applicant/Inventor.	Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Amarjit Singh					
Signatur Q, T, 152	Q.T.152				
Date 9/24/03					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
*Total of _4forms are submitted.	-				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.